

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Prairie  
City (No. ....) St. .... Ward .....

Registration District No. 400  
Primary Registration District No. 5553B

File No. 20804  
Registered No. 140

2. FULL NAME Mrs. Mabel Mulholland

(a) Residence, No. J. C. Home St. .... Ward .....

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to 6-30, 1934.  
I last saw him alive on 6-28, 1934. Death is said to have occurred on the date stated above, at 12:00 AM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1870

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 64

mitral regurgitation Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

99A  
ONE

Other contributory causes of importance:

13. NAME und

Name of operation chinc Date of 7-20  
What test confirmed diagnosis chinc Was there an autopsy no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) und

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

15. MAIDEN NAME und

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) und

17. INFORMANT J. W. Hostetter (ADDRESS) .....

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL 7/2/34

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

19. UNDERTAKER Walter J. Jones (ADDRESS) .....

(Signed) J. W. Green, M. D.  
(Address) A. S. ...

20. FILED July 9 1934 William C. Fields Registrar.

